



DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road, Las Vegas, NV 89118 * (702) 455-3000

MANUFACTURED HOUSING PERMIT APPLICATION

ASSESSOR PARCEL NO:				APPLICATION NO.:		
JOB SITE ADDRESS:						
PARK/ESTATE NAME:						
SPACE/LOT:		TENANT NAME:		SETUP BY:		
CONTACT NAME:			PHONE:			
CONTACT ADDRESS:						
OWNER NAME:			PHONE:			
DESCRIPTION OF WORK:			<input type="checkbox"/> REPLACEMENT WITH EXISTING UTILITIES <input type="checkbox"/> REPLACEMENT WITH NEW UTILITIES <input type="checkbox"/> NEW INSTALLATION WITH UTILITIES		PERMIT TYPE	
					<input type="checkbox"/> PARK	
					<input type="checkbox"/> ESTATE	
					<input type="checkbox"/> PRIVATE PROPERTY	
					<input type="checkbox"/> TEMPORARY USE DURING CONSTRUCTION	
					PERMANENT RESIDENT PERMIT NO:	
					DATE ISSUED:	
CONTRACTOR'S DECLARATION			DESCRIPTION OF MANUFACTURED BUILDING			
CONTRACTOR INFORMATION	I hereby certify that I am licensed under the provisions of N.R.S. 624.				MANUFACTURER:	
	ST. LIC. NO:	CLASS:	CC BUS. LIC. NO:		MODEL OR STYLE:	
	CONTRACTOR NAME:				YEAR:	AMP:
	MAILING ADDRESS:		PHONE NO:		SIZE:	SQ. FT:
	CITY:	STATE:	ZIP:		HUD/UBC CERTIFICATION/REGISTRATION NO:	
	CONTRACTOR SIGNATURE:		DATE:			
APPLICANT	I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.					
	APPLICANT SIGNATURE		DATE:		PERMIT FEES	
COMMENTS:					Permit Fee: \$ _____	
					Park Tax: \$ _____	
					MSHCP: \$ _____	
					MSHCP Report: \$ _____	
					Transportation Tax: \$ _____	
					TOTAL FEE: \$ _____	
					<input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____	
					Issued By: _____ Date: _____	
Civil Engineering Review By: _____ Date: _____						
Zoning Review By: _____ Date: _____						
Bldg Plan Review By: _____ Date: _____						